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INSTRUCTIONS: This for appropriate. All further indicated unless corrected maintenance fee notification	orm should be used for transpondence in Juding the	smitting the ISSU Patent, advance of in Block 1, by (a	JE FEE and loting a) specifying a	PUBLICATI fication of r	ON FEE (if requirements fees value address	ired). Blocks 1 through 5 vill be mailed to the curre ; and/or (b) indicating a se	should be completed when nt correspondence address a parate "FEE ADDRESS" fo	
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EDWARDS & A P.O. BOX 55874 BOSTON, MA 02	ANGELL, LLP			addi	reby certify that the es Postal Service versed to the Mai	tificate of Mailing or Tra his Fee(s) Transmittal is be with sufficient postage for it I Stop ISSUE FEE addre TO (571) 273-2885, on the	ing deposited with the United first class mail in an envelope ss above, or being facsimile	
07/19/2006 WABD	ELR3 00000034 041105	10773623			Edith	(Depositor's name)		
01 FC:1501	1400.00 DA			Eaith D. S.Oln			(Signature)	
02 FC:1504	300.00 DA			L	July	12,2006	(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVENT				ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/773,623 TITLE OF INVENTION: I	02/06/2004 N-WELL AERATION DEV	ICE	Albert R. I	Heilmann		(42568) 60393	8353	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400			\$300	\$1700	08/09/2006	
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1. Change of correspondent CFR 1.363). ☐ Change of correspon Address form PTO/SB/I ☐ "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to							
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PLEASE NOTE: Unles recordation as set forth i	s an assignee is identified be n 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will appe T a substitute i	ear on the pa for filing an	atent. If an assign assignment.	ee is identified below, the	document has been filed fo	
(A) NAME OF ASSIGN			(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
AMTROL Inc	•		West	Warwic	k, Rhode I	siand		
Please check the appropriat	e assignee category or catego	ries (will not be pr	rinted on the pa	atent):	Individual 🚨 C	orporation or other private	group entity Governmen	
4a. The following fee(s) are	enclosed:	41	D. Payment of	• •	. 64 6 ()			
Issue Fee Dublication Fee (No	☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.							
Advance Order - # o	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1105 (enclose an extra copy of this form).							
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Fees Consolidated Appropriations Act, 2005 (H.R. 4818).					Application N	Number	10/773,623-Cd	10/773,623-Conf. #8353				
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For FY 2006					First Named	Inventor	Albert R. Heilmann					
<u> </u>					Examiner Na		R. E. Fuller					
Applicant	t claims small er	ntity status.	See 37 CFR 1.2	27	Art Unit		3672					
TOTAL AMOUNT OF PAYMENT (\$) 1,700.00					Attorney Doc	ket No.	60393(42568)					
METHOD OF	PAYMENT	(check all	that apply)									
Check Credit Card Money Order None Other (please identify):												
x Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP												
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FEE CALCUL	ATION (AII	the fees	below are o	lue upo	n filing or m	ay be sub	ject to a surch	arge.)				
1. BASIC FILING	G, SEARCH,	AND EXA	MINATION FE	ES		-						
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Other (e.g., late filing surcharge) 1501 Utility issue fee 1,400.00 1504 Publication fee for early, voluntary, or normal 300.00												
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Signature	/	$\frac{1}{1}$		<u> </u>	Registration No.	35,41	3 Telephone	(203) 35	3-6831			
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Name (Print/Type)	Scott D. W	uisy (Date	July 12	, 2000			
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I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop ISSUE FEE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Signature: Edith Sloman Dated: July 12, 2006 (Edith Sillman)